

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10586568

FILING DATE

27 FEB 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		/		/		
4		3		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
19		0		/		
20		0		/		
21		0		/		
22		0		/		
23		0		/		
24		0		/		
25		0		/		
26		0		/		
27	/		/			
28		/		/		
29		2		/		
30		0		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35		0		/		
36		0		/		
37		0		/		
38		0		/		
39		0		/		
40		0		/		
41		0		/		
42	/		/			
43		/		/		
44		/		/		
45	/		/			
46		/		/		
47		/		/		
48		3		/		
49		3		/		
50		3		/		
TOTAL IND.	4		4			
TOTAL DEP.	50		49			
TOTAL CLAIMS	60		53			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		0		/		
53		0		/		
54				/		
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						